

EAST LONGMEADOW PUBLIC SCHOOLS

Achievement



Accountability

180 Maple Street
East Longmeadow, MA 01028-2788
Phone: (413) 525-5450 Fax: (413) 525-5456

PERMISSION FOR PHOTO & VIDEO RELEASE

I acknowledge that it is acceptable for my son/daughter to be photographed or videotaped for educational purposes during the school day as it pertains to any of the curriculum at my son/daughter's school. Any photo/video material taken will be used in the educational setting to support staff and student learning and/or enrichment activities during the school day. If you have any questions, please contact your child's school.

Yes _____ I grant permission for my son/daughter to be photographed/videotaped.

No _____ I do not grant permission for my son/daughter to be photographed/videotaped.

Student's School Assignment: _____

Student's Name (please print): _____ Grade: _____

Parent's/Guardian's signature: _____ Date: _____